

**South Dakota Board of Examiners for Counselors and MFTs**  
PO Box 340, Pierre, SD 57501 (605) 224-1721

## LPC SUPERVISION TRACKING FORM

Copy this form as needed for tracking your supervision.

**Only one Supervisor per Tracking Form.**

APPLICANT NAME: \_\_\_\_\_

**ORIGINALS MUST BE SUBMITTED WITH YOUR APPLICATION.**

[illegible]

DATE OF SUPER- VISION	Brief EXPLANATION of SUPERVISION	WHICH METHOD? 1. Present/Staff Cases 2. Audio/Video Tapes 3. Direct Observation 4. Co-Counseling	# of DIRECT(D) or Counseling- related (CR) Hours ?	# of INDIVIDUAL Face-Face Supervision Hours	# of GROUP or Tele/Video Conferencing Supervision Hours
		#	D = CR =		

**TOTAL HOURS**      D = \_\_\_\_\_  
 CR = \_\_\_\_\_

**JUST SIGN THE FINAL PAGE AND SUBMIT ALL WITH YOUR COMPLETED APPLICATION.**

**I attest that the information provided above is true and accurate.**

*Upon subsequent discovery of misrepresentation, the Board will take the appropriate action.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date